1989

THE HABIT

CHEMICAL DEPENDENCY BUREAU
Montana Department of Institutions
1539 11th Avenue, Helena, MT 59620
(406) 444-2827

Darryl Bruno, Bureau Chief
Norma Boles, Standards & Quality Assurance
Fred Fisher, Program Evaluator
Nancy Tunnicliff, Program Evaluator
Marcia Armstrong, Prevention & Planning
Phyllis Burke, Certification & Training

Quarterly Publication

1989 LEGISLATION

The following alcohol and drug related house and senate bills were passed and signed by Governor Stephens this past Legislative Session.

HB 378 Requiring the Board of Nursing to establish a program to assist and rehabilitate licensed nurses who are found to be physically or mentally impaired by habitual intemperance or the excessive use of narcotic drugs, alcohol, or other substances.

HB 393 Clarifying that possession of an intoxicating substance includes consumption of the substance; providing that costs of participation in a community-based substance abuse information course may be paid indirectly through court-ordered community service.

HB 414 Increase the fine for possession of an intoxicating substance by a person under the age of 18 years.

HB 425 Modify the DUI and per se penalty statutes relating to alcohol or drug-related driving offenses.

HB 495 Clarifying that for the offense of unlawful possession of an intoxicating substance by a person under 21 years of age to be committed, the person need not be in possession of the substance at the time of arrest.

HB 606 Allow a parent, guardian, and certain other adults to legally provide nonintoxicating amounts of alcohol to a person under 21 years of age; to make the provider of an intoxicating quantity of alcohol to a person under 21 years of age subject to civil liability for tortious acts committed by the person while intoxicated.

SB 101 Revise the laws relating to general relief assistance.

SB 340 Revise and continue the certificate of need laws; to exempt hospitals from certificate of need requirements in certain circumstances.

The most significant impact on chemical dependency programs is HB 425. This bill virtually mandates appropriate treatment for all second, third and subsequent offenders, allows an offender to attend a state approved program of his/her choice for both court school and treatment, and requires that only certified chemical dependency counselors provide recommendations to the courts. We believe that this was very good legislation and should help reduce repeat offenders. A concern with this bill is that rural programs who have a difficult time hiring certified chemical dependency counselors can no longer use certification eligible counselors for providing assessments.

1989 Legislation (continued)

The most important piece of legislation for chemical dependency treatment programs which failed to pass was SB 182. This bill would have increased insurance benefits for inpatient treatment from $4,000 to $6,000 and outpatient benefits from $1,000 to $2,000 and lower the co-insurance factor on outpatient benefits from 50% to 20%. The failure of this bill to pass was a major disappointment to all chemical dependency programs in Montana.

During the past session, there were numerous bills introduced regarding changes in the DUI and Minor's in Possession programs. Another piece of legislation that was filed with the Secretary of State which the status of implementation is unclear at the present time is House Joint Resolution (HJR) 41. HJR 41 requests an internal study of the state's driving under the influence of intoxicants laws and educational and treatment programs relating to driving under the influence and requires a report to the 52nd Legislature. This resolution was formulated because of the concern of legislators over the numerous DUI bills that have been introduced over the last several years, the concern some legislators have about how effective age-based prevention and treatment programs are in deterring DUI, and the feasibility of improving and expanding treatment and educational programs for DUI offenders.

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DISCRETIONARY FUNDING ANNOUNCED

The Department of Institutions, Chemical Dependency Bureau has made the following awards to approved treatment program for FY90.

Alcohol Contracts	Discretionary Award	Outpatient Clients to be Served Monthly
District II Program - Glendive	$ 33,615	80
Chemical Dependency Services - Miles City	5,403	85
Alcohol/Drug Services of Central MT - Lewistown	35,805	55
Southcentral MH Regional MHC - Billings	35,531	105
Southwest Chemical Dependency - Livingston	42,701	80
Anaconda/Deer Lodge County	12,469	30
Chemical Dependency & Family Counseling-Deer Lodge	4,555	20
Boyd Andrew (Transitional Living) - Helena	61,571	Transitional Living
Recovery Northwest - Libby	58,582	100
Ravalli County - Hamilton	8,213	30
Rimrock Foundation - Billings	53,728	Inpt.bed days for indigents
Northern MT Chemical Dependency - Havre	161,184	Inpt.bed days for indigents
Butte Indian Health & CDP - Butte	49,509	transitional living
Total	$ 562,866	585

Day Contracts Program	Discretionary Award	Outpatient Clients to be Served Monthly
District II Program - Glendive	$ 27,461	16
Chemical Dependency Services - Miles City	27,461	16
Providence - Great Falls	61,022	36
South Central RMHC - Billings	15,600	9
Gallatin Council - Bozeman	76,277	45
Rimrock Foundation - Billings	45,766	27
Butte/Silver Bow	54,600	31
Anaconda/Deer Lodge	40,560	23
Boyd Andrew - Helena	61,022	36
Recovery Foundation	91,534	54
Confederated Salish/Kootenai - Ronan	29,193	17
Flathead Valley Chemical Dependency - Kalispell	53,396	31
Frances Mahon Deaconess	37,168	inpt.bed days
Total	$ 621,060	341

Awards were made after a comprehensive review by the Chemical Dependency Bureau staff, the Chemical Dependency Advisory Council and the Director of the Department of Institutions. Priorities for funding included programs which formed multi-county programs, demonstration of need and accomplishments of last year's goals and objectives. All contracts for drug services are required to expend at least 20% for programs designed for women, pregnant women and women with dependent children, 25% for IV drug abuse, and 25% for prevention/early intervention activities.

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STAY SMART!!

PREVENTION CORNER

Marcia Armstrong

The Chemical Dependency Bureau Receives CYAP Grant

The Chemical Dependency Bureau recently sent out over one-hundred Request for Proposals (RFP) for the Community Youth Activity Program Block Grant. With this announcement we are initiating a statewide demonstration program which we hope will bring new perspectives and techniques to the prevention of alcohol and other drug abuse while enhancing the concept and practice of early intervention.

Specifically, this grant program is authorized by the Anti-Drug Abuse Act of 1988 (P.L. 100-690). Approximately $68,500 is available to establish innovative alcohol and other drug abuse prevention services in your community. Individual community organizations will be awarded only one grant project. You are encouraged to identify your community's needs and develop your proposal meshing those needs with one of the grant announcements priorities. It is estimated that each grant proposal awarded will be approximately $5,000.

Priority will be given to projects that provide parent education and mobilization of parents, projects designed for additional networking of communities and the five regions of Montana or projects that provide training to communities to build effective coalitions. The funding cycle will be October 1, 1989 to September 30, 1990.

MONTANA CARING FOR KIDS CONFERENCE 1990

The next conference "Montana Caring for Kids" is scheduled for January 25-26, 1990 in Butte at the Copper King Inn. The conference is in the initial planning stages with a possibility of limiting the attendance number. If you have questions or comments contact Marko Lucich (723-8262 x 298) or Marcia Armstrong (444-2878).

MONTANA CARING FOR KIDS CONFERENCE III - 1989

The third annual Montana Caring for Kids Conference was held in Butte, April 27-28, 1989. The conference once again was a wonderful success.

Approximately 900 attended the two-day conference with 400 of those being youth between 5th grade and seniors in high school. The featured speaker for the adult track Thursday night was Frank Medina, a Probation Officer and expert on ritualistic criminal behavior. He proved to be an enlightened speaker with an abundance of information to offer.

The adult track on Thursday featured the Butte BEST students who offered a series of skits that demonstrated the problems youth face today. The adults then attended workshops on such areas as suicide, family dysfunction, sexuality, child abuse, eating disorders, loss/change/growth and chemical dependency. The afternoon began with a skit on vulnerability with workshops focusing on topic areas from the skit such as self esteem, relationships, burn out and stress, and transition stages.

The Friday adult track started with a Native American vision, particularly what the Confederated Salish/Kootenai Tribes are doing to heal their community. To top off the morning the Butte Native American dancers were featured. Workshops for Friday focused on grant writing, policy making, evaluation, resources available on the state and federal level and employee and student assistance. The closure of the conference was a panel of six youth.

Montana Caring for Kids Conference III - 1989 (continued)

The youth track was held at the War Bonnet Inn with four hundred attending. The youth had the same topic areas as adults but broke into small groups three times throughout the two-day conference. Thursday night the Butte BEST students hosted a dance which was the highlight of the day.

All in all the conference was well received with everyone looking forward to the next conference.

Grant applications are due in this office by 5:00 p.m., August 31, 1989. Awards will be announced in September. If you would like a copy of the RFP or have questions contact Marcia Armstrong at 444-2878.

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THE MONTANA COMMUNITIES IN ACTION FOR DRUG FREE YOUTH RECEIVES ACTION GRANT

Darlene Meddock, president of Montana Communities in Action received notification of a grant award for $24,002 from ACTION. Arkansas, Idaho, Hawaii, and South Carolina were the other states that received grants. The grant has three projects, the first being a series of five regional meetings to provide a vehicle of parent education and networking. The second is for the Montana Caring for Kids Conference and the third for the Red Ribbon campaign.

Montana Communities in Action are very excited about receiving this grant and the tremendous possibilities available to better network Montana. When the regional meetings are organized and scheduled notice will be sent out to community based prevention programs and other interested persons.

A meeting was held in Helena, June 26, 1989, to discuss the grant, Montana Caring for Kids Conference and Red Ribbon Campaign for 1989. It was decided by the members present to develop a policy of a city hosting the Montana Caring for Kids Conference two years in a row. As a result Butte will host the 1990 conference and Helena will host the conference for 1991 and 1992.

The Red Ribbon Campaign is scheduled for October 22-29, 1989 with Governor Stan Stephens and Ann Stephens as honorary chairpersons. A 15 minute video describing the 1988 campaign is available. Contact Darlene Meddock at 761-6680 if you are interested.

THE 1989 RED RIBBON CAMPAIGN

The second National Red Ribbon Campaign is scheduled for October 22-29 with President George and Barbara Bush as national chairpersons and Governor Stan and Ann Stephens as Montana's honorary chairpersons. The purpose of Red Ribbon Week is to present a unified and visible commitment toward the creation of a Drug Free America.

The Red Ribbon Campaign originated when Federal Agent Enrique Camarena was murdered by drug traffickers in 1985. The Red Ribbon became the symbol to reduce the demand for drugs, just as the yellow ribbon symbolized the hostages in Iran, and the green ribbon symbolized the murdered children in Atlanta. Many individual communities across Montana organized Red Ribbon Campaigns to create awareness of alcohol and other drug problems.

The 1988 campaign was very successful in Montana with the 1989 campaign looking even better. Should you have any questions please contact Darlene Meddock, 1245 Park Garden Road, Great Falls, MT 59404, (406) 761-6680.

In order to receive Red Ribbon materials from the national headquarters your organization must be registered with tne Montana Communities in Action. Following is the application required.

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This application is required for communities choosing to Red Ribbon supplies for the National Federation of Parents national headquarters. If you have questions, please contact Marcia Armstrong (444-2878) or Darlene Meddock (761-6689).

APPLICATION FOR COUNTY/LOCAL CHAPTER
NFP/MCA

Name of Proposed Chapter

_____

Contact Person **Telephone**

_____

Address

_____

Provide names, addresses, contact persons, telephone of other 501(C(e) groups known in your county if yours is a local Parent/Community group. (additional names may be added to the back of sheet)

_____

_____

_____

_____

Provide ZIP Codes of area served by your County or Local Group

_____

_____

If not a county chapter, what have you done to begin the process of implement a county chapter for qualification necessary for next year's requirements?

_____

_____

How will you fulfill the purposes of NFP/MCA?

_____

_____

How will you locate and involve volunteers?

_____

_____

Include with your Application the following:

*Proof of 501(c)(3) status.

*Organizational structure (including Board of Directors)

*By-laws which carry a "no responsible use" message (no use of illegal drugs; no illegal use of legal drugs)

*A plan for fulfilling purposes of the National/State organization.

*A check for $15.00 made out to Montana Communities in Action for Drug Free Youth, Inc. (yearly membership fee)

PLEASE RETURN TO MONTANA COMMUNITIES IN ACTION FOR DRUG FREE YOUTH, INC. 1245 Park Garden Road, Great Falls, MT 59404.

NOTE: For the year of 1989 only, all parent/community groups with the needed papers filed who meet the attached qualifications by October 15, 1989, (will be considered "Chapters" this year only), will be eligible to receive 85% of the net proceeds generated by their community from the Red Ribbon Campaign. After 1989, groups must combine if more than one, to represent a county.

BE SMART! STAY SMART!--DON'T START!
PROGRAM UNDERWAY

Communities across the country are gearing up to the second phase of Office of Substance Abuse Prevention's (OSAP) "Be Smart! Stay Smart! Don't Start!" Program. In response to recommendations made at the case of the 1987 campaign, this year's program boasts a new look, expanded themes, and improved materials.

The education program is supported by 1.5 million kits designed for youngsters, teachers, parents, and community workers; they aim to teach youngsters, teachers, parents, and community workers; they aim to teach youngsters, ages 8 to 14, the basic facts about alcohol and other drugs, to resist peer pressure to use alcohol and other drugs, to develop positive relationships with others, to engage in activities that challenge their minds and bodies, and to critique alcohol and other product advertising.

The kits include a "mini poster" board game; student, teacher, parent and community workbooks; posters; stickers and bumperstickers; and more. This year, materials were distributed to the Department of Institutions.

OSAP has maintained the successful format of the 1987 campaign: using media public service announcements, a music video, classroom activities, parental supporting activities, and community resources to get the message across that stopping alcohol and other drug use among youth is everyone's responsibility and to build a strong base in youngsters for resisting the pressure to use alcohol and other drugs.

The theme of the campaign has been expanded to include information and strategies dealing with drugs of all kinds. Also, to build continuity in the program and to reinforce the importance of maintaining a strong resistance to peer pressure, the "Stay Smart" theme is now part of the message.

It is expected that elementary age materials, including materials being developed in conjunction with the National Crime Prevention Council (a comic book and coloring book featuring McGruff) will be ready for distribution in the Fall.

For more information about the new Be Smart! Stay Smart! Don't Start! Program, contact the National Clearinghouse for Alcohol and Drug Information, Department BSDS, PO Box 2345, Rockville, MD 20852, (301) 468-2600, or Marcia Armstrong, Department of Institutions, 1539 11th Avenue, Helena, MT 59620.

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DARLENE MEDDOCK SELECTED

Darlene Meddock, Montana's representative to National Federation of Parents for Drug Free Youth and president of Montana Communities in Action, was selected to be one of five members of an Advisory Board to the Department of Education. She receives an all expense paid trip to Washington DC from the Department of Education. The Advisory Board will review the criteria for Drug Free School Recognition Program and make recommendation to the Department of Education. Congratulations! Darlene this is quite a honor for you and Montana.

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OFFICE FOR SUBSTANCE ABUSE PREVENTION FORSWEARS 'SUBSTANCE ABUSE'

The federal Office for Substance Abuse Prevention is urging Americans not to use the phrase "substance abuse," but to refer to addiction problems as "alcohol and other drug abuse." The politically correct nomenclature is spelled out in a new "style sheet" from OSAP.

The document is just another step in OSAP's job of the "slow education of the public," said OSAP spokesperson Tineke Haase. She acknowledged that the new phrase not only puts OSAP in the awkward position of not using its own name but is also wordy. "It's a big pain in the neck," she said.

The directive was issued after heated lobbying by alcoholism-field experts who pointed out that phrases such as "substance abuse" and "chemical dependence" distance addiction problems from much of the general public. Most alcoholics and marijuana users, for example, don't consider themselves users of a "substance" or a "chemical."

The shift also echoes the growing awareness among federal officials and treatment-program administrators--long known to anti-drug abuse professionals--that treatment clients increasingly suffer dual addictions. The term "substance abuse" is also viewed as masking the fact that alcohol, though legal, is a drug of abuse.

Finally, the change was authorized to highlight the attention paid to the disease of alcoholism by Health and Human Services Secretary Otis Bowen, MD.

But OSAP itself will keep its title, Haase said. It bears this name by legislative order, she explained. It would take an act of Congress to rechristen the organization, and no such move is afoot. OSAP was created by the Anti-Drug Abuse Act of 1986. Among the other in-vogue terminology prescribed by OSAP:

- drunk driving	- alcohol-impaired driving (because a person does not have to be drunk to be impaired)
- liquor (to mean any alcoholic beverage)	- beer, wine and/or distilled spirits
- substance abuse	- alcohol and other drug abuse
- substance use	- alcohol and other drug use
- abuse when it refers to youth, teens, or children (anyone under 21)	- use (HHS aims to prevent use--not abuse--of alcohol and other drugs by youth)
- hard or soft drugs	- drugs--since all illicit drugs are harmful
- recreational use of drugs	- use--since no use is recreational
- responsible use	- use--since risk is associated with all use
- accidents when referring to alcohol/ drug use and traffic crashes	- crashes
- drug abuse prevention or alcohol abuse prevention	- except when referring to adults. Use the phrase, "to prevent alcohol and other drug problems"
- mood-altering drugs	- mind-altering drugs
- workaholic (since it trivializes the alcohol-dependence problem)	

In addition, OSAP may recommend that the phrase "gateway drugs" be scrapped because it connotes only marijuana, alcohol and tobacco. "It doesn't include the 9-year-old who experiments with cocaine or the 12-year-old glue sniffer," Haase said. OSAP would like to emphasize the act of experimentation, not the particular drug used. Consequently, phrases under consideration are "first use" and "first experimentation," although the latter will probably not get the nod because it implies "a healthy curiosity," Haase said.

From: Alcoholism and Drug Abuse Week
January 1989

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STAFF ATTENDS RADAR WORKSHOP

Nancy Tunnicliff, Project Evaluator, for the Chemical Dependency Bureau, attended the first national prevention training workshop in Dallas, Texas for members of the RADAR network. Representatives of RADAR (Regional Alcohol and Drug Awareness Resource) met June 27-30 to learn strategies for marketing prevention materials and for using electronic communication techniques.

The Office of Substance Abuse Prevention (OSAP) is seeking to decentralize the work of the national Clearinghouse for Alcohol and Drug Information and to work in partnership with 50 state governments to take prevention messages to individual communities. As the Montana RADAR center, the Chemical Dependency Bureau will continue to distribute bulk prevention materials and is assessing how it will begin networking more effectively with OSAP and Montana communities. Attendance at the Dallas training was helpful in learning what other states are doing in prevention efforts as well as the possibilities that true networking would offer Montana citizens in their efforts to curb the escalating alcohol and drug abuse problems.

WHAT YOUTH NEED MOST

1. **Increased respect from adults**. Youth need to be seen as significant human beings who are able and eager to participate, to contribute, and to accept responsibilities as members of society. Refusing to recognize this need is a violation of their worth. It is also a violation of their chances of becoming healthy adults.

2. **More time and involvement from adults**. Any adult who really cares about and is interested in young people can become a very important person to them. There is no way to put a price on the help that adults provide when they voluntarily, caringly share their time with young people.

3. **More constructive opportunities to experiment with life**. We as adults must create more ways in which we can legitimately use the special talents and expertise of young people. They need not only to feel that they are helping to support and conduct the business of society; they also need better ways of being initiated into work roles. Even the opportunities for part-time work experience for youth appear to be increasingly limited. Creative solutions to this problem must be found.

4. **More help in developing social competence**. In a more complex, sophisticated world, with fewer opportunities to learn from adult models, isolated and confined to a peer group, young people need help in learning how to cope and survive. Today it is easier for youth to learn how to work with a computer than to learn how to get along with people. Do we want to pay the price that ultimately this will demand? High on the list of competencies youth need and want is learning how to be a caring person, how to reach out and help a friend who needs a friend.

5. **More qualified adult youth leaders**. We often assign and allow incompetent, ill-equipped adults to work with youth, giving them prime time to touch young people's lives. Again, we may be paying a high price for such neglect. Essential qualities of adults who are given the opportunity to lead and guide young people should include acceptance of youth as equals in society; knowledge and understanding of the great variety of their abilities, and aspirations; the capacity to show deep respect and love for youth; and the ability to believe in youth and let them play a significant part in their programs, their decision, and their world.

6. **More opportunities for moral development**. It is significant that in Strommen's (1979) update on the cries of youth, the social protest cry has become weaker in the past ten years. Society's failure to involve youth in shaping the quality of life and to guide youth in reflecting on their experiences and decisions is limiting their moral development. A moral and ethical life may seem old-fashioned, but the future quality of American society may depend on more attention being given to the moral development of adolescents.

7. **Help to find the meaning of life**. Examining the meaning of life is what living is all about and should be at the core of young people's activities and experiences...Although young women today are growing up in a period in which many traditional roles or myths are not longer valid, they still wonder what they should believe in and reject. This search, common to many adolescents, often expresses itself in desperate behavior, in a hopeless shrug of the shoulder, in a drowning in alcohol, or in angry outbursts. Yet the desire to participate in the world and to have a part in their own destinies remains strong...

From: The Chemical People Newsletter
Jan./Feb. 1989

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SNUFF AND CHEWING TOBACCO generate $1 billion a year in sales, supported by 12 million users--an alarming number of them kids....Report appeared in LISTEN magazine....More than half of the snuff dippers in Texas start before age 13, while one-fifth of Arkansas kindergartners use smokeless tobacco!

From: PULSEBEATS
April, 1989

A Message from the National Crime Prevention Council

ATTENTION COMPUTER SECURITY PROGRAM COORDINATORS:
IS YOUR PROGRAM LISTED WITH NCPC'S CRIME PREVENTION NETWORK?

The National Crime Prevention Council is constantly searching for new crime prevention programs and materials to expand and update its database and files. If you're running a successful computer crime prevention program in your community and would like to help others in this field all across the country, please contact NCPC and ask for a questionnaire. If you have promotional materials or reports that you think would help others in the field of crime prevention, send them along too.

Do you have a problem or question? Are you looking for a good contact at the local, state or national level? NCPC provides quality materials and referrals, personalized service and quality responses -- and it doesn't cost any more than a stamp or a phone call. The Computerized Information Center works in tandem with the Crime Prevention Resource Center (and draws on the expertise of the entire NCPC staff) to provide crime prevention information from all over, and a quick response to your request.

Our services include:

- The nation's largest repository of information on local crime prevention programs.
- Free and low cost materials, ranging from posters to monographs to kits with a wealth of reproducible and localizable fliers and drop-ins.
- A Resource Center that provides information on relevant publications, statistical sources for crime and crime prevention, and lists of publications and referrals by crime prevention topic.
- Personalized service ... we take time to coordinate your request, and provide the most comprehensive response possible, tailored to your individual needs.

If you want to draw on this network, or make sure that your program is registered in our database, please write or call:

NATIONAL CRIME PREVENTION COUNCIL
Information and Referral Services
733 15th Street, N.W./Suite 540
Washington, DC 20005

(202) 393-7141

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NEW VIDEOS ORDERED

The Chemical Dependency Bureau has purchased nine new VHS videos which will soon be available for loan through the Montana State Audio Visual Library (Phone: 444-5277). During the past fiscal year our staff has previewed 25-30 videos and has purchased the following:

Clean and Sober - Commercial film with a good anti-using message.

Shame and Addiction - John Bradshaw discusses health versus toxic shame. Good connection with the disease process. Includes strong support of 12-step recovery groups.

The Invisible Line - Portrayal of the disease process (and eventual death) in an adolescent cocaine abuser. Peers discuss enabling, intervening. Sensitive film.

Drugs: Values and Decisions - Good video for teenagers. Several scenarios involving peer pressure, consequences of use, choices. Realistic and not phony.

Marijuana and Human Physiology - Factual, thorough information on the biological and psychological changes which occur with marijuana use. "Pot personality," lung and reproductive system damage is discussed well.

NEW VIDEOS (cont.)

No Kid of Mine - Excellent for parent/family groups. Family illness and recovery are discussed.

Natural Highs and How to Get Them - Explores reasons for drug usage, stress, beneficial alternative "highs", healthy life styles. Good for teens.

Staying Sober, Keeping Straight - Dangers and warning signs of relapse. Discusses the changes in addition to abstinence necessary for ongoing, growing recovery.

To A Safer Place - This film was shown on PBS channels this past winter. The story of (and told by) a victim of sexual abuse. Encourages people to deal with the damaging psychological aftermath of incest. Good documentary for inservice education or support groups.

The film library welcomes requests from schools, a variety of support groups, churches, etc., as well as from treatment facilities. There are many other films and videos available. We encourage you to make use of them for the price only, of return postage. Phone 444-5277 for details.

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PAMPHLETS AVAILABLE

The Chemical Dependency Bureau is the RADAR network for Montana. The Bureau receives samples of pamphlets available through the National Clearinghouse. Pamphlets available in bulk quantities are:

Workers at Risk: Drugs and Alcohol On The Job
What Works: Workplaces Without Drugs
My Baby...Strong and Healthy
Drug Free Communities: Turning Awareness Into Action
School Without Drugs: The Challenge
Stay Smart..Don't Start For Kids Booklet
Stay Smart...Don't Start Bumper Sticker
Stay Smart...Don't Start Poster of Dawnn Lewis
Poster: Steroids Mean Trouble
10 Steps to Help Your Child Say No
1989 Red Ribbon Campaign for Montana

Should you be interested in ordering contact Marcia Armstrong at 444-2878.

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RIMROCK FOUNDATION LIBRARY AVAILABLE TO PUBLIC

Rimrock Foundation Library is a division of Rimrock Foundation a treatment center located in Billings, Montana. The library specializes in acquiring materials in the following areas: Chemical Dependency, Co-Dependency, Eating Disorders, Compulsive Gambling Behavior and Compulsive Sexual Behavior. In addition, the library has number of title in the areas of health, medicine and psychology. The library is located at 1236 North 28th Street, Suite 114, Billings, MT 59101. The telephone number is (406) 252-8362. A toll free number is available. Within Montana, the number is: 1-800-826-7008.

The library is open Monday through Friday from 8:30 a.m. to 5:00 p.m. There is no fee for the use of the library. Patrons may check out material in person or, if outside the Billings areas, by telephone requests. If material is mailed, a charge is made for postage and in some case, for insurance.

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OLYMPIAN BEN JOHNSON, appearing before a Canadian drug commission, confessed he lied when denying use of steroids, after being disqualified at 1988 Olympics, in Seoul, Korea. "I was in a mess," said the man known to many as the fastest human in the world. Asked what he would tell young people who looked up to him, Johnson said: "I want to tell them to be honest. Don't take drugs...I know what it's like to cheat." Some young people sent Johnson medals to replace the gold medal he forfeited for the 100 meter race, upon return from Seoul, believing he'd been unjustly accused.

From: Pulse Beats, June 1989

INTERVENTION SECTION

MONTANA DUI CONVICTIONS BY COUNTY AND AGENCY 1/1/89 - 6/30/89

	MHP	POLICE	SHERIFF	BIA	UNKNOWN	TOTAL
Beaverhead	10	7	5			22
Big Horn	9	1	36			46
Blaine	17	16	2			35
Broadwater	14	0	5		1	20
Carbon	10	15	7			32
Carter	0	0	0			0
Cascade	86	210	16			312
Chouteau	6	0	6			12
Custer	13	23	3			39
Daniels	0	1	0			1
Dawson	5	20	18		1	44
Deer Lodge	20	0	28			48
Fallon	4	8	1			13
Fergus	8	14	4			26
Flathead	72	202	45			319
Gallatin	28	84	68			180
Garfield	0	0	0			0
Glacier	14	15	5	90		124
Golden Valley	1	0	4			5
Granite	4	0	3			7
Hill	16	61	4			81
Jefferson	10	11	18			39
Judith Basin	5	0	1			6
Lake	53	54	61	16	1	185
Lewis & Clark	33	163	32		3	231
Liberty	0	0	2			2
Lincoln	19	2	48			69
Madison	5	0	27			32
McCone	2	0	0			2
Meagher	2	0	2			4
Mineral	6	0	15			21
Missoula	74	244	51			369
Musselshell	2	0	5			7
Park	10	20	10			40
Petroleum	0	0	0			0
Phillips	6	8	3			17
Pondera	10	11	3			24
Powder River	3	2	3			8
Powell	9	8	3			20
Prairie	1	0	1			2
Ravalli	41	53	12			106
Richland	7	8	7			22
Roosevelt	8	0	11	4		23
Rosebud	16	0	22			38
Sanders	3	8	28			39
Sheridan	4	4	7		1	16
Silver Bow	41	1	156		2	200
Stillwater	6	1	10			17
Sweet Grass	4	0	3			7
Teton	4	2	3			9
Toole	8	0	14			22
Treasure	3	0	0			3
Valley	4	3	0			7
Wheatland	1	0	4			5
Wibaux	0	0	1			1
Yellowstone	96	385	8			489
District Court	6	3	17			26
Unknown Court	0	15	1		95	111
TOTAL	839	1683	849	110	104	3585

SURVEY OF STATE ACTIVITIES

The National Commission Against Drunk Driving surveyed states to gather information on counter measures states have accomplished from 1983-88. The highlights are:

- In April 1988, Wyoming became the final state to raise its purchase and possession age to 21. Now all 50 states are at age 21. This countermeasure has consequently been deleted from the checklist.

- One of the most encouraging signs of progress is the slow but steadily increasing number of states that are establishing Blood Alcohol Content (BAC) per se levels below .10%. This year, Maine joined Oregon and Utah in becoming the third state to lower its BAC level to .08%. These reductions reflect the growing recognition that even modest levels of alcohol consumption can significantly impair drivers and jeopardize highway safety.

- A new countermeasure was included on this year's checklist that reports on license sanctions for youth under age 21. Because of the disproportionately high rate of alcohol-related motor vehicle crashes involving youth, the NCADD is emphasizing the need for states to enact legislation to increase license sanctions for youth under 21 who are caught driving impaired. Only 21 states report having increased license sanctions for youth, and often these only apply to minors under 18. Legislation is needed that does not neglect youth age 19-20, who also are prohibited from purchasing and possessing alcohol.

- This year's checklist reports a sizeable increase in the number of states that have a mandatory 90-day loss of license for first offense DWI. This increase is due, largely, to the NCADD's decision to ease our requirement on this item in order to conform with the DOT criteria for 408 funding. To receive recognition for this measure this year, state law must mandate a 90-day license suspension, but a state can meet this by having a 30-day "hard" suspension followed by a 60-day restricted suspension. In the past, the NCADD insisted that the entire 90-day suspension be hard, in accordance with the Presidential Commission's recommendation. It should be emphasized that a full 90-day hard suspension remains preferable.

If you would like a copy of the National Commission's "Checklist State Drunk Driving Countermeasures" which is free upon request, contact National Commission, 1140 Connecticut Ave., NW, Suite 804, Washington, DC 20036; (202) 452-0130.

SURGEON GENERAL'S RECOMMENDATIONS TO CURTAIL DRUNK DRIVING

U.S. Surgeon General, C. Everett Koop, MD, released the final recommendations of the Surgeon General's Workshop on Drunk Driving. Ten recommendations were highlighted with his personal endorsement. They are:

1. Reduce the blood alcohol concentration (BAC) for determining DWI from its present level of 0.10 percent in most states to 0.08 percent immediately and 0.04 percent by the year 2000. The permissible BAC level for drivers under 21 should be established at 0.00 percent nationally.

2. Increase taxes on alcoholic beverages by equalizing the taxes on beer and wine with those of distilled spirits, based on alcohol content, and raise them by adjusting for past inflation. Taxes would be indexed in the future for inflation so that they do not decline in real dollars.

3. Each state should provide a self-sufficient funding system for comprehensive alcohol-impaired driving program, including assistance to victims of impaired-driving crashes. The system should be funded through fines, surcharges, assessments, fees from alcohol-related violations and other non-federal sources, including state alcohol excise taxes.

4. Encourage states and local governments to evaluate and eliminate policies that increase the availability of alcoholic beverages, especially at outlets for on-premise consumption, and to adopt policies that reduce their availability.

5. Each state should pass legislation for an administratively-imposed driver license sanction that is separate from other criminal sanctions imposed by the courts -- the so-called administrative per se license suspension.

6. Match the level of alcoholic beverage advertising with equivalent exposure for pro-health and pro-safety messages.

SURGEON GENERAL'S RECOMMENDATIONS (Cont.)

7. Restrict certain types of advertising and marketing practices, especially those which reach underage youth. This goal should be accomplished through voluntary restraints by alcoholic beverage producers and distributors, as well as by the media and entertainment industries.

8. Conduct public information efforts based on social marketing and communication strategies and on sound learning principles. Make such efforts part of a comprehensive program to help deter and prevent drinking and driving. Increase the number and quality of electronic and print messages which portray dangers associated with drinking and driving.

9. Consider drinking and driving education as an essential component of a comprehensive public health approach to reducing alcohol-impaired driving and integrate it into all health promotion and risk reduction programs. Undertake educational interventions within worksites, the family and community, health care agencies and schools.

10. Increase enforcement of drinking and driving laws by expanding the use of sobriety checkpoints, chemical breath test devices (preliminary and evidentiary), drug recognition experts and standardized field sobriety testing. Educate enforcement, prosecutorial and judicial personnel about enforcement techniques and their appropriate evidentiary use.

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NATIONAL ASSOCIATION FOR NATIVE AMERICAN CHILDREN OF ALCOHOLICS (NANACOA)

In March 1988 at the National Association for Children of Alcoholics in New Orleans, NANACOA was formed. NANACOA has set the following objectives for their organization.

1. To establish a national network and newsletter for Indian Children of Alcoholics.

2. To develop educational and supportive information and make it available to Indian communities.

3. To hold a national conference for Indian Children of Alcoholics and others working in Indian communities to come together to heal and recharge their energy.

4. To inform local and national policy makers about the needs of Indian children of alcoholics and influence positive social change toward a healthy community.

A twenty member Board of Directors was appointed. This group has spent the last several months organizing its legal status, raising funds for the newsletter, planning the first conference which will be in Missoula, September 10-13, 1989, and attempting to educate leadership in the Indian community and across the nation about multigenerational alcoholism and family dysfunction.

Montana has five representatives on the Board of Directors, they are:

Gary Acevedo
320 Adams S.E.
Ronan, MT 59864

Judy Gray
P.O. Box 755
Harlem, MT 5952

Joyce Spoonhunter
P.O. Box 495
Browning, MT 59417

John Bird
P.O. Box 654
Browning, Mt 59417

Anna Whiting-Sorrell
26 Round Butte Rd.
Ronan, MT 59864

For more information, please write to any of these members or to the national headquarters: NANACOA, P.O. Box 3364, Seattle, WA 98114.

DUI TASK FORCE TO ADDRESS CHANGES IN LAW

The Montana DUI Task Force on rulemaking will reconvene in August to address the statutory changes made by HB 425. The results of this meeting will give direction to the new rules to be formulated to implement HB 425.

TREATMENT SECTION

FOLLOW-UP REPORTING TO CDB

During the past year, the evaluation team has been concerned about the quality of the followup systems statewide and the accuracy of the information being reported to the Chemical Dependency Bureau. State standards require that programs contact at least 55 percent of the primary clients who have successfully completed treatment, and that 70 percent of those contacted will show improvement. Many programs in the state are reporting improvement rates of 90 to 100 percent. Given the well documented high rate of relapse for chemically dependent people figures this high are immediately suspect. Upon examination, the evaluators often find that the problems with followup usually lie in a poorly designed system or a system that is in place but not being utilized correctly.

When implementing a followup system, it is important to understand several key points. First, the CDB requires followup only on primary clients who have successfully completed treatment. Followup is not required on clients who do not complete treatment nor is it required on family members. Second, please remember that "IMPROVEMENT" is defined as no use in the past 30 days. Third, it is important to ask the former client several questions about his use and to ask the same questions of everyone to ensure good data collection.

Programs should set their followup system up following the guidelines made available by the CDB. If you do not have a copy of these guidelines, please call our office and we will send you one.

SEPTEMBER IS TREATMENT MONTH

The Ad Hoc Coalition on National Alcohol and Drug Issues is sponsoring the Second Annual National Celebration focusing on alcohol and other drug abuse treatment. Last year's event - Independence through Treatment Week - had over 600 treatment programs across the country participate in open house and other public events.

The 1989 National Alcohol and Drug Treatment Open House Celebration has been expanded to a full month - September 1989. The celebration kickoff will occur on August 30, 1989, at the Alcohol and Drug Problems Associations (ADPA) 40th anniversary and national conference in Washington, DC.

The theme of this year's Treatment Month is Treatment Works! We would encourage local programs and providers to invite elected officials and the public to events highlighting the positive benefits of alcohol and other drug abuse treatment. If your community does participate in Treatment Month, please contact the Chemical Dependency Bureau and your program will be included in the next HABIT issue.

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TRAINING SECTION

DUAL DIAGNOSIS WORKSHOP OFFERED

Alcoholism, Chemical Dependency and Mental Illness, a workshop for chemical dependency professionals and others, will be offered October 19-20, 1989. This training was originally planned for last spring but was postponed until this fall. It is sponsored by the Chemical Dependency Bureau and will be presented by Jim Farrell, M.A., C.D.C.

Alcohol and drug treatment programs report increasing numbers of patients who are both chemically dependent and suffer from some type of mental illness. The efforts forts in this workshop will be targeted toward better coordination, case management and treatment of this "special needs" population. The presentations offered should alleviate some of the frustrations often felt by counselors who work with these clients.

DATE: October 19-20, 1989

TIME: 8:30 A.M. to 4:30 P.M.

PLACE: Plymouth Congregational Church
400 South Oakes - Helena, MT

COST: No charge to staff of state approved programs

PRESENTERS: Jim Farrell, M.A., C.D.C., Counselor, private practice
Ray Lappin, MSW, Director of Intake and Pre-Release,
Montana State Hospital, Warm Springs, MT
Libby Artley, M.A., C.D.C., Program Manger, Health Incentives,Inc.
William Docktor, Pharm.D., School of Pharmacy, U of MT
Tom Posey, National President of Alliance of the Mentally Ill

CONTACT:

Jim Farrell
(406) 442-9528
P.O. Box 705
Helena, MT 59625

OR

Phyllis Burke,
(406) 444-4923
Chemical Dependency Bureau
1539 11th Avenue
Helena, MT 59620

CE POINTS: 2

A brochure with an application form will be mailed to all counselors and approved programs in early September. Plan to attend this valuable workshop! We believe all counselors will find it extremely helpful!

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TREATMENT WORKS - GALLATIN COUNTY

Bozeman and Gallatin County is celebrating the month of September with Treatment Works. At present the following activities are planned.

Sept. 6	Wilderness Treatment Center "Why the wilderness breaks down the denial & defenses."	Noon presentation
	Sack Lunch Seminar	Noon presentation
Sept. 7	Drug Free Work Place Act 1989	
Sept. 13	AIDs and Intravenous Drug Use	
Sept. 20	Youth at Risk and Chemical Dependency	
Sept. 27	How to Identify the Chemically Dependent Worker	

Alcohol Services of Gallatin County
Saturday Morning Presentation 10:00 - 11:30 A.M.

Sept. 9	Tired of Role-Playing at Home
Sept. 16	Find Out, Once and For All, Whether You or Someone You Love is Chemically Dependent
Sept. 23	Teenagers and Drug Abuse
Sept. 30	Sexuality Issues in Recovery

Also scheduled is an evening meeting with all treatment resources presented by a panel of representatives to discuss funding of treatment present and future for the public. An open forum with questions and discussions will follow presentations. Bozeman Public Schools will be involved in this presentation.

Proclamations by City and County Government declaring our effort of Treatment Works Month.

More activities are yet to be scheduled; we are looking for a very active month.

For further information please contact:

KEN ANDERSON
Flathead Valley Chemical
Dependency Clinic, Inc.
Kalispell, MT 59901

A NEW FACILITY FOR BOYD ANDREW CHEMICAL DEPENDENCY CARE CENTER

On May 16, 1989 the Boyd Andrew Chemical Dependency Care Center began conducting business at its new facility located on the Helena Downtown Mall. The move was long in coming and is a visible representation of the many positive changes that have occurred at the agency in the last 20 months. The new address is:

Boyd Andrew Chemical Dependency Care Center
Arcade Building, Unit K
111 N. Main
P.O. Box 1153
Helena, MT 59601
(406) 443-2343

The Transitional Living Facility remains the same address and phone number which is:

410 9th Avenue
Helena, MT 59601
(406) 443-1241

Boyd Andrew Chemical Dependency Care Center's Director, Michael Ruppert, was interviewed by the Harcourt Brace Jovanovich, Inc. in August 1988. Mr. Ruppert is featured in the new HBJ elementary health series, particularly grade 8, Being Healthy textbook. The article is titled "An Interview with a Halfway House Director" and describes the treatment options and process.

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INPATIENT VS. OUTPATIENT TREATMENT

Some currently accepted assumptions about alcoholism treatment include:

1) More intensive treatment results in a better outcome than less intensive treatment;

2) Long-term treatment results in a better outcome than does short-term treatment; and

3) Inpatient treatment is more effective than outpatient treatment.

A 1986 review of 24 controlled studies consistently refuted the three assumptions. Seven studies examined the effectiveness of more versus less intensive settings and not one found any better outcome for clients in the more intensive setting. Twelve studies randomly assigned alcoholics to either inpatient or outpatient treatment, and eleven found no significant differences on any outcome measure (what trends were discovered favored outpatient treatment). Six studies comparing the effectiveness of longer versus shorter inpatient treatment demonstrated no differences in outcome.

In summary, most alcoholics appear to do as well in short-term, less intensive outpatient treatment as they do in lengthy, intensive, or inpatient treatment programs. These studies suggest that chemical dependence professionals should make efforts to develop treatment plans that are shorter-term, less intensive, and that include provisions for outpatient treatment for clients whose medical or other needs do not require hospitalization.

From: The Addiction Letter
January 1989

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ECONOMIC FORCES CHANGING TREATMENT SYSTEM

Treatment for chemical dependence is in jeopardy because insurance companies are clamping down on coverage, according to Anne Geller, M.D., chief of the Smithers Alcoholism Treatment and Training Center in New York City. Geller's advice for providers is to find alternative ways to treat patiénts without alienating those who pay for the treatment--usually insurance companies.

According to Geller, insurance companies are beginning to focus on the cost of treatment--which may result in loss of services--especially those services "that can be disposed of with the least squealing from the community." Unless providers can prove that treatment works, treatment programs will be in jeopardy.

Low recovery rates are causing insurance companies to question chemical dependence treatment benefits. Most treatment professionals admit that perhaps two-thirds of patients in treatment have at least one relapse. According to Geller, roughly 26 percent of patients are abstinent a year after treatment. These rates are significantly lower than the 80 to 90 percent recovery rates some people are led to expect, and they have raised the skepticism of insurance carriers.

Insurance companies are also recognizing that most of the money spent on chemical dependence treatment is used by very few people. Only one-third of the patients in treatment for chemical dependence are there for the first time.

This issue inevitably results in a cost comparison between inpatient and outpatient treatment. "There's no doubt that in studies being done, inpatient treatment doesn't have significant outcome differences from outpatient treatment," says Geller, who admits that there are flaws in these studies. But insurance companies who would rather pay for less expensive treatment are paying attention. The result, according to Geller, is that "we'll see less inpatient treatment, and people will have to meet more stringent criteria for any treatment."

In order to continue helping people, treatment providers should be prepared for change, says Geller. "What we need are more day programs, more evening programs, and medically supervised outpatient detox."

Unfortunately, she says, the treatment system appears to be "driven by economic rather than friendly forces." She added, "If all you're running is an inpatient treatment program and somebody says they want treatment, what kind of treatment do you think they're going to get? The trouble is, now insurance companies are starting to impose on us what we should have imposed on ourselves before."

From: Substance Abuse Report,
January 15, 1988

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EVALUATING TREATMENT OPTIONS

The family's choice of a treatment program for an adolescent is often a confusing yet very important decision. How is a parent or concerned individual to choose a treatment setting matched to the need? Several factors contribute to the confusion, including lack of knowledge about the adolescent's needs and types of programs available, family financial constraints and program financial expectations, and yes, program marketing.

Overcapacity creates tremendous competitive marketing pressure. The Denver area is mentioned as one locale where capacity would exceed need by 300% in a few years. Is price the best guide for choice? Are marketing presentations alone adequate to guide the parents' choice?

Having talked with some parents who have had their own children enter chemical dependency treatment, I would like to share with you some of their advice in selecting a treatment agency and concerns about marketing practices.

EVALUATING TREATMENT OPTIONS (Continued)

BEWARE OF:

Scare Tactics, the use of inevitable, vague, dire consequences unless you do what the counselor says.

Finger Pointing, appealing to parents' guilt to make a certain type of decision about the treatment setting or program.

False Promises. Curing the problem in 30 or 60 days. Recovery is an ongoing process.

Overconcern About Reimbursement. Program costs need to be balanced with quality treatment and the family's ability to pay.

One Treatment Fits All. A treatment plan should fit the client's needs. Not all clients are alike, not all treatment programs are alike.

A Counselor's Personal Agenda. "My recovery happened at..., therefore your child's recovery should happen at..."

LOOK FOR:

Education. Recovery is complex. The family is entitled to know about adolescent development, chemical dependency, recovery process and what they can do to become part of the recovery process.

Choices. The treatment program should give the family choices and reasons for those choices. This will help the family own their part in recovery and avoid feelings of being railroaded and preyed upon.

Cooperation among adolescent, family, school, and the treatment program. They need to work together, now more than ever, to get recovery firmly established.

WHAT TO DO:

Get Two Assessments to understand accurately the needs of the adolescent and the family, and what is the appropriate treatment setting. Is a residential setting necessary or an issue of preference? How long is treatment? If 28-days or 45-days is the program's standard, why is that needed in this case?

Go Shopping. Check different treatment philosophies, prices, insurance coverage. How much aftercare is covered? How involved are the parents and other family members in treatment and aftercare?

Expect Straight, Direct Answers. Staff should be informed and able to give you answers about adolescent development, alcohol and drug use and abuse, family systems, counseling approaches, etc. Their answers should help the family feel that they are making the best decision possible.

"Reality Test" the claims of the treatment program. Attend open classes or aftercare groups. Check with friends, people in similar situations, and other professionals.

The decisions about treatment modality and programs are crucial, their consequences long lasting. The better the information treatment providers give families, the better will be the treatment outcome for all, the adolescent, the parents, and the treatment program itself.

Reprinted from: CADAD, The Prevention Express, Spring 1989

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COUNSELOR CERTIFICATION CORNER

Congratulations to the newly certified Chemical Dependency Counselors!

Rogers Knows His Gun
Carol Sem
Dan Setzer
Ann Halubka
Larry Fuller
Jim Johnson
Gerald Gertiser
Linda Stover
Steven Cawdrey
Dennis Cox
Ann Bullis
Christine Cobell
Donna Pablo
Sally Hoverson
Sheryl Hart
Bette Jordan
Robert Schumacher
Kimberly Christenson
Harold Merchant
Shirley Johnsrud
Ron LaDue
Roger Holt
Steven Matt
Tom Perrick
Del Denton
Betty Fox
Fred Cobell
Sandra Heaton
Jan Phillips
Rebecca Taylor
Owen Cuny

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CHANGE IN THE REGISTRATION PROCESS FOR CERTIFICATION

The Chemical Dependency Bureau has implemented a change in the registration process for certification. Applicants registering for certification will now make their checks payable to RMS Management Services rather than CDPM. The address remains the same.

CDPM has discontinued their contract with RMS Management Services, however, this firm has done an excellent job in collecting the registration fees for the past year and one half. Therefore, the Chemical Dependency Bureau has continued their agreement. The address remains the same. The only change is that the checks will now be made payable to RMS Management Services.

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TENTATIVE EXAM SCHEDULE

The Chemical Dependency Bureau has expanded the certification exam schedule. The written test will be offered three times in FY90, however, orals and tape reviews will occur four times. Please review the following schedule as it does reflect a change.

WRITTEN EXAM	70 POINTS DOCUMENTED BY
January 12, 1990	November 10, 1989
April 27, 1990 - Billings	February 23, 1990
April 28, 1990 - Helena	February 23, 1990
September 14, 1990	July 13, 1990

ORAL EXAM

October 12-13, 1989
February 15-16, 1990
June 7-8, 1990

TAPE REVIEW	TAPES DUE
November 16-17, 1989	November 2, 1989
March 15-16, 1990	March 1, 1990
July 20-21, 1990	July 6, 1990

The HABIT routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomed and encouraged.

CHEMICAL DEPENDENCY BUREAU

500 copies of this publication were produced at a unit cost of $.69 per copy, for a total cost of $360.69, which includes $305.81 for printing and $54.88 for distribution.

Chemical Dependency Bureau
1539 11th Avenue
Helena, MT 59620

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